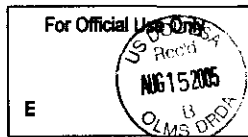


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>6191</u>	2. Fiscal Year Covered From: <u>01</u> / <u>01</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Anthony</u> <u>Sims</u> P.O. Box, Bldg., Room No., if any _____ Street <u>1309 Grace Lane</u> City <u>Boonville</u> State <u>MO</u> ZIP Code + 4 <u>65233</u>	4. Name, file number, and address of labor organization. Name <u>Labore's Local 955</u> Labor Organization File Number <u>001-237</u> P.O. Box, Building and Room Number, if any _____ Street <u>370 N Roby Farm Road</u> City <u>Rocheport</u> State <u>MO</u> ZIP Code + 4 <u>65279-9558</u>
5. Position in labor organization. <u>Secretary, Treasurer, Manager</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ 7.b. Amount. _____

Signature

16. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed [Signature] On 8-9-05 1573-688-3720
Date Telephone Number

Name of Person Filing <u>Anthony Sims</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Chipley + CO
Trade Name, if any: GMAC Real Estate
P.O. Box, Bldg., Room No., if any:
Street 2410 Boonslick Dr
City Boonville
State MO ZIP Code + 4 65233

9. Business deals with:

- ☐ a. Labor Organization
☒ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Columbia Labor Temple
Trade Name, if any:
P.O. Box, Bldg., Room No., if any:
Street 611 N Garth Ave
City Columbia
State MO ZIP Code + 4 65203-4005

11.a. Nature of such dealing.

Sale of Building

11.b. Approximate dollar value of such dealing.

225,000.00

12.a. Nature of interest held or income received.

Commission of Sale paid to Spouse, sales person for Chipley + CO, GMAC Real Estate

12.b. Amount.

\$6615.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Laborers-AGC Training Center AFL-CIO
Trade Name, if any:
P.O. Box, Bldg., Room No., if any:
Street 35 Opportunity Road
City High Hill
State MO ZIP Code + 4 63350

14.a. Nature of payment.

Cost of meal/refreshments provided to Union officers who attended the March 18, 2004 Apprenticeship Banquet (\$33.59/ticket x 4)

13.b. Is the Business an Employer ☐ or Consultant ☒ ?

14.b. Amount of payment.

134.36

Name of Person Filing <u>Anthony Sims</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name <u>Chiplew & CO</u> Trade Name, if any: <u>GMAC Real Estate</u> P.O. Box, Bldg., Room No., if any Street <u>2410 Boonslick Dr</u> City <u>Boonville</u> State <u>MO</u> ZIP Code + 4 <u>65233</u>	9. Business deals with: <input checked="" type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.a. Nature of such dealing. <div style="border: 1px solid black; padding: 5px; min-height: 80px;"> <u>Purchase of Building</u> </div> 11.b. Approximate dollar value of such dealing. <u>\$158961.00</u> 12.a. Nature of interest held or income received. <div style="border: 1px solid black; padding: 5px; min-height: 80px;"> <u>Commission of Purchase paid to spouse, salesperson for Chiplew & CO, GMAC real estate.</u> </div> 12.b. Amount. <u>\$16615.00</u>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment. <div style="border: 1px solid black; height: 150px;"></div>
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment. <div style="border: 1px solid black; width: 100px; height: 20px;"></div>